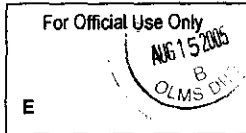


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6189</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Melvin</u> <u>Silva</u> P.O. Box, Bldg., Room No., if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	4. Name, file number, and address of labor organization. Name <u>Bricklayers AFL-CIO, Local Union #1</u> Labor Organization File Number <u>025-992</u> P.O. Box, Building and Room Number, if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>
5. Position in labor organization. <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>+ Melvin P Silva</u>	On <u>8/8/05</u>	(808) 841-0491
	Date	Telephone Number

Name of Person Filing <b>Melvin Silva</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Hawaii Masons &amp; Plasterers Training Trust Fu</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2251 North School Street</b></p> <p>City <b>Honolulu</b></p> <p>State <b>Hawaii</b> ZIP Code + 4 <b>96819</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>Hawaii Masons &amp; Plasterers Training Trust Fu</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2251 North School Street</b></p> <p>City <b>Honolulu</b></p> <p>State <b>Hawaii</b> ZIP Code + 4 <b>96819</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p>Employed by Hawaii Masons &amp; Plasterers Training Trust Fund. Fringe benefits are part of employment arrangment. Outer island travel, seminar attendance, celluar phone, and reimbursed expenses are all job-related.</p> <p>See Attachment - Page 1 of 6</p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$39,508</b></span></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p>Employed by Hawaii Masons &amp; Plasterers Training Trust Fund to coordinate and aid in overseeeing general training program activities. Instructor fees are paid for services performed to provide active guidance and teaching.</p> <p>See Attachment - Pg 1 of 6</p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;"><b>\$91,604</b></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14.a. Nature of payment.</b></p>
<p><b>13.b. Is the Business an Employer or Consultant ?</b></p>	<p><b>14.b. Amount of payment.</b></p>

Attachment to Form LM-30, Line 11.a,b

<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
January 1, 2004 through December 31, 2004		<u>Fringe benefit</u>	Check
	12,131	Health & welfare	
	10,193	Annuity	
	5,363	Pension	
	<u>27,687</u>		
January 1, 2004 through December 31, 2004		<u>Outer island travel done monthly</u>	Check
	4,487	Airfare	
	-	Hotel	
	5,089	Materials	
	<u>9,576</u>		
January 1, 2004 through December 31, 2004		<u>Seminar ( 6/2004)</u>	Check
	-	Airfare	
	-	Hotel	
	325	Registration	
	-	Auto	
	-	Meals	
	<u>325</u>		
January 1, 2004 through December 31, 2004		<u>Others</u>	
	1,286	Cellular phone	Check
	634	Reimbursed expenses	Check
	<u>1,920</u>		
Total	<u>39,508</u>		

Attachment to Form LM-30, Line 12.a,b

		<u>Wages and fees</u>	
January 1, 2004 through December 31, 2004	79,284	Wages	Check
	6,920	Vacation fringe benefit	Check
January 1, 2004 through December 31, 2004	5,400	Instructor fees	Check
Total	<u>91,604</u>		

Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

**LEMKE, CHINEN & TANAKA, C.P.A., INC.**  
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.  
THOMAS M. H. PARK, C.P.A.  
PAUL H. ASANO, C.P.A.  
EDWIN K. NITTA, C.P.A.  
TERRY A. TAKAKI, C.P.A.



210 WARD AVE., SUITE 336  
HONOLULU, HAWAII 96814-4012  
TELEPHONE (808) 533-6254

DATE: August 9, 2005

CERTIFIED: 7002 0460 0002 3584 7826

TO: U. S. Dept. of Labor  
ESA/OLMS Room N-5616  
200 Constitution Ave., NW  
Washington, DC 20210-0001

<u>NAME</u>	<u>FORM</u>	<u>AMOUNT</u>	<u>CHECK</u>
Silva, Melvin Bricklayers AFL-CIO, LU #1	LM-30 YE 12/31/04	None	None

**Please Receipt and Return One Copy**

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Silva, Melvin Bricklayers AFL-CIO, LU #1	LM-30 YE 12/31/04	None	None

**Please Receipt and Return One Copy**